

## Dept. of Nephrology

### Discharge Summary

#### Patient Details

**UHID :** ARH1.0001011363

**IP No:** ARHIP3750

**Name:** Mrs. G Narsamma

**Age:** 54Yr 5Mth 19Days

**Sex:** Female

**Address:** Vill. Vallampatla, Mdl. Ellanthakunta,, Karimnagar, Andhra Pradesh, India.

**Bed Details:** Second Floor , Semi Private , BED No: 122 A

**Date of admission:** 08-Feb-2012

**Date of Discharge:** 10-Feb-2012

#### Treating Doctors

**Primary Consultant** : Dr. Sharath Kumar --Nephrology

### Diagnosis

**DIABETIC NEPHROPATHY, CKD**

**Summary :** DIABETIC NEPHROPATHY, CKD

### Patient Presented with

Vomitings since 2 days

Patient was apparently alright 2days back later she developed vomitings since 2 days, associated with hicups.

No h/o pain abdomen, burning micturition, fever, cough.

### History of Past Illness

K/c/o T2DM 22 yrs on treatment

K/c/o HTN since 5 yrs on treatment

K/c/o CKD sice 4 months on treatment

At Admission At Discharge

Patient c/c/c Patient c/c/c

Afebrile Afebrile

PR - 89/min PR - 80/min

BP - 110/60 mmHg BP - 120/80 mmHg

CVS - S1S2+ CVS - S1S2+

RS - BA+ Crepts RS - BA+ Crepts

P/A - Soft P/A - Soft

**History of Drug Allergy :** No Known drug allergies

### Investigation Reports

**BIOCHEMISTRY**

**CREATININE - SERUM / PLASMA**

CREATININE - SERUM / PLASMA	2.3 mg/dL
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**GLUCOSE - SERUM / PLASMA (FASTING)**

GLUCOSE - SERUM / PLASMA (FASTING)	241 mg/dL
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**GLUCOSE - SERUM / PLASMA (POST PRANDIAL)**

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	173 mg/dL
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**POTASSIUM - SERUM / PLASMA**

POTASSIUM - SERUM / PLASMA	3.1 mmol/L
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**HAEMATOLOGY****C B C WITH ESR (AUTOMATION + STANDARD METHOD)**

Hemoglobin	10.9 g/dl
Haematocrit	33 %
RBC COUNT	3.6 Million/ul
MCV	84 fl
MCH	29 pg
MCHC	34 g/dl
TLC Count	11.5 10 <sup>3</sup> /mm <sup>3</sup>
Platelet Count	274 10 <sup>3</sup> /mm <sup>3</sup>
Platelet on Smear:	Adequate
Neutrophils	84 %
Lymphocytes	12 %
Eosinophils	03 %
Monocytes	01 %
Basophils	00 %
ERYTHROCYTE SEDIMENTATION RATE (ESR)	42 mm/1st hr
RBC:	Normocytic with hypochromia +
WBC:	Neutrophilic Leukocytosis+
Platelets:	Adequate on the smear
Hemoparasites	No hemoparasites

## **Discussion**

Treated with

Inj Monocef  
Inj Zofer  
Inj Lasix  
Inj Bevon  
T Glymet  
IVF NS@50 ml/hr  
Inj Pan 40 mg  
Inj Voxmes

Discussion:

Patient managed with antibiotics and IV Fluids. Patient symptomatically improved. Patient discharged in hemodynamically stable condition.

## **Condition on Discharge**

**STABLE**

<b>Ambulatory</b>	YES	<b>Vitals Stable</b>	Yes
<b>Blood Sugar Levels - Controlled</b>	YES	<b>Surgical Wound Clean</b>	YES
<b>Pain Score Below 4</b>	Yes		
<b>Diet</b> :Low salt, diabetic diet			

**Follow-up Instructions** :T GLIZID 80 mg twice in a day at 8am 8pm before food for 1 week

T PAN once in a day at 2pm before food for 1 week

T SHELICAL 500 mg once in a day at 2pm for 1 week

T BAZUCIN 100 mg twice in a day at 8am 8pm for 1 week

Syp BEVON once in a day at 2pm for 1 week

Review after 1 week

Dr. Sharath Kumar

**Primary Consultant**

**JrConsultant/Registrar/Resident**

**Please understand your discharge prescription from your doctor before using the medicines.**

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You can contact Emergency Room Physician, Apollo Hospitals at or .